

**Application Data Sheet**

**Application Information**

Application number::	Not Yet Assigned
Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	N/A
CD-ROM or CD-R?::	None
Sequence submission?::	No
Computer Readable Form (CRF)?::	No
Title::	✓ METHODS AND REAGENTS RELATING TO INFLAMMATION AND APOPTOSIS
Attorney Docket Number::	WYTH-P01-001
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	22
Small Entity?::	No
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

**Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Jun
Family Name::	Kuai
City of Residence::	Cambridge
Country of Residence::	MA
Street of mailing address::	15 Farmcrest Avenue
City of mailing address::	Lexington
State or Province of mailing address::	MA

Postal or Zip Code of mailing address:: 02421

Applicant Authority Type:: Inventor  
Status:: Full Capacity  
Given Name:: Lih-Ling  
Family Name:: Lin  
City of Residence:: Concord  
State or Province of Residence:: MA  
Country of Residence:: US  
Street of mailing address:: 107 College Road  
City of mailing address:: Concord  
State or Province of mailing address:: MA  
Postal or Zip Code of mailing address:: 01742

Applicant Authority Type:: Inventor  
Status:: Full Capacity  
Given Name:: Joseph  
Middle Name:: L.  
Family Name:: Wooters  
City of Residence:: Belmont  
State or Province of Residence:: MA  
Country of Residence:: US  
Street of mailing address:: 9 Glenley Terrace  
City of mailing address:: Brighton  
State or Province of mailing address:: MA  
Postal or Zip Code of mailing address:: 02135

Applicant Authority Type:: Inventor  
Status:: Full Capacity  
Given Name:: Elliott  
Family Name:: Nickbarg  
City of Residence:: Belmont

State or Province of Residence:: MA  
Country of Residence:: US  
Street of mailing address:: 32 Audrey Road  
City of mailing address:: Belmont  
State or Province of mailing address:: MA  
Postal or Zip Code of mailing address:: 02478

**Correspondence Information**

Correspondence Customer Number:: 28120

**Representative Information**

Representative Customer Number:: 28120

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	US2003/024340	08/01/03
US2003/024340	An application claiming the benefit under 35 USC 119(e)	60/400410	08/01/02